

Intellectual Disabilities (ID) Waiver Services Overview rev. 11/1/13

Note: For all services, check DMAS website to confirm current billing rates <http://www.dmas.virginia.gov> in the Long-term Care and Waiver Services Section

Service	Eligibility Requirements & Limitations	Allowable Activities & Services	Provider Qualifications	Provider Documentation Requirements
<p>1. <i>Assistive Technology</i></p>	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ Must be receiving at least one other IDW service ▪ If covered by the State Plan, must be purchased through that source ▪ Must be provided in the least expensive, most cost effective manner ▪ \$5000 limit per calendar year. 	<ul style="list-style-type: none"> ▪ Specialized medical equipment ▪ Durable/non-durable medical equipment ▪ Adaptive devices, appliances and controls which enable greater independence ▪ Equipment and devices which enable communication 	<ul style="list-style-type: none"> ▪ CSB/BHA ▪ Durable Medical Equipment (DME) provider ▪ Provider agreement with Dept. of Medical Assistance Services (DMAS) ▪ If available from a DME provider, must be purchased from a DME provider 	<ul style="list-style-type: none"> ▪ Documentation of recommendation for the item by the qualified professional (OT, PT, SLP, etc.) ▪ Individual Services Authorization Request (ISAR) completed by case manager/support coordinator may serve as Plan for Supports (PFS) ▪ Documentation that item is not covered by the <i>State Plan</i> as DME and not available from a DME provider when purchased elsewhere ▪ Documentation of the date and amount services rendered; other relevant information regarding the device ▪ Notification of satisfactory completion or receipt of the service or item ▪ Instructions regarding warranty, repairs, complaints or servicing

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<p>2. <i>Companion Agency-Directed</i></p>	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ Available only for adults (18 and older) ▪ Does not entail hands-on care ▪ No more than 2 unrelated persons in same home may share assistant's hours. ▪ Limited to 8 hours per day ▪ Billed hourly 	<ul style="list-style-type: none"> ▪ Support with Instrumental Activities of Daily Living (IADLs) (meal prep, laundry, shopping, etc.) ▪ Support with light housekeeping task ▪ Support with reminders for self administration of medication ▪ Support with community access ▪ Supports to assure safety 	<ul style="list-style-type: none"> ▪ Licensed by Dept of Behavioral Health and Developmental Services (DBHDS) as Residential, Supportive In-home Residential, Day Support or Respite services ▪ Personal Care/ Respite Care provider that has a participation agreement with DMAS ▪ Companion supervisor must have a bachelor's degree in a human services field + one year of ID experience or be a LPN or RN with current VA license/certification ▪ Provider agreement with DMAS ▪ Companions cannot be individual's spouse 	<ul style="list-style-type: none"> ▪ If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). ▪ Current Supports Intensity Scale (SIS) long report ▪ Plan for Supports (PFS) completed annually ▪ ISAR to accomplish preauthorization ▪ Dates & times of companion services (supports, general supports) to include progress notes, checklists, charts, etc. ▪ Weekly notes about individual's status and response to services ▪ Summary of quarterly in-home supervisory visits ▪ Quarterly reviews
<p>3. <i>Companion - Consumer-Directed (CD)</i></p>	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ Available only for adults (18 and older) ▪ Does not entail hands-on care ▪ Family member/caregiver 	<ul style="list-style-type: none"> ▪ Support with IADLs ▪ Support with light housekeeping tasks ▪ Support with reminders for self-administration of medication 	<ul style="list-style-type: none"> ▪ Companions must: <ul style="list-style-type: none"> - be 18 years or older - be capable of following the PFS with minimal supervision - possess basic math, 	<ul style="list-style-type: none"> ▪ Documentation of dates and times of service delivery on time sheets sent to Fiscal Agent ▪ Option for documentation: Consumer

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	<p>must serve as employer for individuals unable to act as employer</p> <ul style="list-style-type: none"> ▪ Individual must have a back-up plan ▪ No more than 2 unrelated persons in same home may share assistant's hours. <p>▪ Limited to 8 hours per day</p> <p>▪ Billed hourly</p>	<ul style="list-style-type: none"> ▪ Support with community access and recreational activities ▪ Supports to assure the safety of the individual 	<p>reading and writing skills</p> <ul style="list-style-type: none"> - have a valid SSN - submit to a criminal records check - be willing to attend training at the individual's request - comply with DMAS ID Waiver rules - receive annual TB screening <ul style="list-style-type: none"> ▪ Companions do not need a participation agreement with DMAS ▪ Companions cannot be individual's spouse 	<p>Directed Attendant Documentation Form (available in the CD Waiver Services Employment Handbook on the DMAS website).</p>
<p>4. <i>Consumer Directed Services Facilitation (SF)</i></p>	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ If a SF is not selected by the individual, the individual or family/caregiver serving as the employer performs all duties and requirements of a SF. ▪ Billed per activity (i.e., comprehensive visit, routine visits, employee training) ▪ Lapse in SF duties for more than 90 consecutive days 	<ul style="list-style-type: none"> ▪ Initial comprehensive visit to identify needs to be addressed in the Plan for Supports ▪ Development of CD PFS Plan for Supports ▪ Employee management training on the responsibilities of the employer ▪ Routine onsite visits: two in first 60 days post- authorization; at least every 6 mos. thereafter ▪ Attendance at meetings ▪ Annual update visit to develop 	<ul style="list-style-type: none"> ▪ Preferred: Two years experience with persons with ID AND BA/BS in a human services field OR VA-licensed RN ▪ Must possess KSAs ▪ SF may not also be the SC/CM or direct service provider for a given individual ▪ SF may not be the individual, other person acting as employer, the 	<ul style="list-style-type: none"> ▪ CD PFS ▪ ISAR to accomplish authorization of CD services ▪ If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). ▪ Consent to exchange information forms ▪ Documentation of contacts and visits ▪ Correspondence

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	<p>and individual or family/caregiver is not willing or able to assume SF duties, results in discontinuation of CD services.</p>	<p>the annual PFS</p> <ul style="list-style-type: none"> ▪ Monitor CD services ▪ Management training for individual or employee ▪ Verify time sheets ▪ Maintain a registry of assistants & companions 	<p>individual's spouse or parent if individual is minor child</p> <ul style="list-style-type: none"> ▪ Provider agreement with DMAS 	<ul style="list-style-type: none"> ▪ Training provided to the assistant/companion ▪ Management training provided to the employer ▪ Documents signed by employer acknowledging responsibilities ▪ Quarterly review (OR 6 mo./240 hr review for CD Respite)
<p>5. <i>Crisis Stabilization</i></p> <ul style="list-style-type: none"> ▪ <i>Clinical/Behavioral Intervention</i> ▪ <i>Crisis Supervision</i> 	<ul style="list-style-type: none"> ▪ ID Waiver enrollee ▪ May not be used for long-term care ▪ Room, board & general supervision are not billable ▪ Crisis Supervision may be billed ONLY if Clinical/Behavioral Intervention is provided during the same period ▪ Crisis Supervision must be 1:1 with the individual ▪ May be authorized for a maximum of 15 days at a time; 60 days/calendar yr. limit ▪ Billed hourly 	<ul style="list-style-type: none"> ▪ Psychiatric, neuropsychiatric and psychological assessment ▪ Medication management & monitoring ▪ Behavior assessment and positive behavior support ▪ Intensive case coordination with other agencies to plan service delivery and maintain community placement ▪ Training family members & other caregivers in positive behavioral supports ▪ Temporary crisis supervision to ensure safety of individual and others 	<ul style="list-style-type: none"> ▪ Clinical Intervention services: DBHDS licensed provider of <ul style="list-style-type: none"> - Outpatient, - Residential Crisis Stabilization ▪ Qualified Intellectual Disability professional <ul style="list-style-type: none"> - 1 yr ID/DD experience - BA in human services field - Required license, registration, certification for his/her profession ▪ Crisis Supervision services: DBHDS licensed provider of <ul style="list-style-type: none"> - Residential, - Supportive In-home 	<ul style="list-style-type: none"> ▪ Need for service or extension following documented face-to-face assessment by qualified Intellectual Disability professional (QIDP/QMRP)- individual must meet one of four criteria and <ul style="list-style-type: none"> - be at risk of one of four results ▪ Plan for Supports (PFS) ▪ ISAR to accomplish preauthorization ▪ If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). ▪ Documentation of dates

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			Residential, or - Day Support services ▪ Provider agreement with DMAS	& times, amount of type of service
<p>6. Day Support</p> <ul style="list-style-type: none"> ▪ Center-based (CB) – primarily in a single location with other individuals with disabilities ▪ <i>Non-Center-based (NCB) – primarily in community settings</i> 	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ For “high intensity,” individual must require/receive <ul style="list-style-type: none"> a) physical assistance with personal care needs, b) additional support due to extensive disability-related difficulties, or c) supports to reduce or eliminate behaviors that preclude full participation ▪ Can only be regularly or temporarily provided in a residential setting with written, prior approval from DBHDS ▪ Billed in ‘blocks’ of time: <ul style="list-style-type: none"> 1 block = 1– 3:59 hrs 2 blocks = 4–6:59 hrs 3 blocks = 7 – 7+ hrs ▪ May include up to 25% of total time for staff assistance with transportation to/ from services. ▪ Maximum blocks per PC ISP year = 780 (includes in 	<ul style="list-style-type: none"> ▪ Skill-building in: <ul style="list-style-type: none"> - self, social and environmental awareness skills, - sensory stimulation and improving movement and dexterity - personal care and communication - use of community resources, community safety, appropriate interactions and social skills - learning and problem-solving skills - adapting behavior to social and community settings ▪ Support with personal care and use of community resources ▪ Safety Supports to ensure health and safety ▪ Staff coverage for transportation ▪ Opportunities to develop skills/ use functional skills in community settings 	<ul style="list-style-type: none"> ▪ Licensed by DBHDS as a provider of Day Support services ▪ Providers must pass an objective test of knowledge, skills and abilities (KSAs) approved by DBHDS (e.g., “Orientation Manual for Direct Support Professionals (DSPs)” ▪ Provider agreement with DMAS 	<ul style="list-style-type: none"> ▪ Current SIS (long report) ▪ Plan for Supports (PFS) completed annually ▪ ISAR to accomplish preauthorization ▪ If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). ▪ Dates & times of day support services (Skill-building, Supports and Safety Supports) to include progress notes, checklists, charts, task analyses, etc. ▪ Attendance log which indicates date, type of services rendered and number of hours/units provided ▪ Documentation as to whether services were CB or NCB and for transportation, if billed

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	combination with Prevoc and/or group Supported Employment)			<ul style="list-style-type: none"> ▪ Quarterly reviews
<p>7. <i>Environmental Modifications (EM)</i></p> <p>May involve the services of a</p> <ul style="list-style-type: none"> ▪ <i>rehabilitation engineer,</i> ▪ <i>building contractor,</i> and or ▪ <i>vendor who supplies necessary materials</i> 	<ul style="list-style-type: none"> ▪ ID Waiver enrollee ▪ Must be receiving at least one other IDW service ▪ Prohibited by federal Centers for Medicare and Medicaid Services (CMS) in licensed settings (group homes). ▪ Modifications may not increase the square footage of the home ▪ Modifications which are of general utility or are otherwise covered by State Plan or another program are excluded ▪ May not be used to bring a substandard dwelling up to minimum habitation standards ▪ \$5000 limit per calendar year. 	<ul style="list-style-type: none"> ▪ Equipment or modifications of remedial or medical benefit to the individual's: <ul style="list-style-type: none"> - primary home - primary vehicle - worksite when these exceed the Americans with Disabilities Act (ADA) reasonable accommodations requirement to ensure an individual's health and safety, enable an individual to live in a non-institutional setting and function with greater independence 	<ul style="list-style-type: none"> ▪ VA Dept of Aging and Rehabilitative Services (DARS) ▪ Community Services Boards/Behavioral Health Authorities (CSB/BHA) ▪ Durable Medical Equipment (DME) provider ▪ Provider agreement with DMAS 	<ul style="list-style-type: none"> ▪ ISAR completed by case manager may serve as PFS ▪ Documentation of the date services are rendered and the amount of services and supplies ▪ Any other relevant information regarding the EM ▪ Documentation of notification by the individual or representative of satisfactory completion of the service ▪ Instructions regarding any warranty, repairs, complaints and service that may be needed

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<p>8. <i>Personal Assistance (Agency-Directed)</i></p>	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ Not allowed when receiving CRS ▪ Not allowed for ALF residents ▪ In general, not allowed during same hours as DS or SE (some exceptions for SE) ▪ For individuals without skill-building needs or whose skill-building needs are met elsewhere ▪ Individual must have a back-up plan ▪ No more than 2 unrelated persons in same home may share assistant's hours. ▪ Billed hourly, 1:1 	<ul style="list-style-type: none"> ▪ Support with activities of daily living (ADLs) (restroom use, bathing, dressing, transferring, etc.) ▪ Support with monitoring health status and physical condition ▪ Support with medication and other medical needs ▪ Support with meal preparation and eating ▪ Support with housekeeping activities ▪ General supports to assure safety ▪ Support with social, recreation and accessing community activities ▪ Accompanying to appointments/meetings 	<ul style="list-style-type: none"> ▪ Personal Care/ Respite Care provider with a participation agreement with DMAS ▪ DBHDS licensed Residential or Supportive In-home Residential services provider ▪ Supervisory visits required every 30 – 90 days ▪ Providers must pass an objective test of knowledge, skills and abilities (KSAs) approved by DBHDS (e.g., “Orientation Manual for Direct Support Professionals (DSPs)” ▪ Provider agreement with DMAS ▪ Assistants cannot be individual's spouse or parent if individual is minor 	<ul style="list-style-type: none"> ▪ Current SIS (long report) ▪ Plan for Supports (PFS) completed annually ▪ ISAR to accomplish preauthorization ▪ If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). ▪ Dates & times of personal assistance services (supports, general supports) to include progress notes, checklists, charts, etc. ▪ Summary of supervisory visits ▪ Documentation of provision of Periodic Support Hours when used ▪ Quarterly reviews

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<p>9. Personal Assistance (Consumer-Directed)</p>	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ Family member/caregiver must serve as employer for individuals under 18 yrs. or unable to act as employer ▪ Individual must have a back-up plan ▪ No more than 2 unrelated persons in same home may share assistant's hours. ▪ Not allowed when receiving congregate residential services (CRS) ▪ In general, not allowed during same hours as DS or SE (some exceptions for SE) ▪ Billed hourly, 1:1 	<ul style="list-style-type: none"> ▪ Support with ADLs ▪ Support with monitoring health status & physical condition ▪ Support with self-administration of medication ▪ Support with meals ▪ Support with housekeeping activities ▪ General supports to assure safety ▪ Support for individual to participate in social activities ▪ Support with special care delivery tasks ▪ Attending training at individual's request ▪ Accompanying individual to appointments or meetings ▪ Support at work 	<ul style="list-style-type: none"> ▪ Personal assistants must: <ul style="list-style-type: none"> - be 18 years or older & have the skills to perform PA services in the PFS - possess basic math, reading and writing skills - have a valid SSN - submit to a criminal records check - be willing to attend training at the individual's request - comply with DMAS ID Waiver rules - receive annual TB screening ▪ Personal assistants do not need to have a participation agreement with DMAS ▪ Assistants cannot be individual's spouse or parent if individual is minor child 	<ul style="list-style-type: none"> ▪ Documentation of dates and times of service delivery on time sheets sent to Fiscal Agent ▪ Option for documentation: Consumer Directed Attendant Documentation Form (available in the CD Waiver Services Employment Handbook on the DMAS website).

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<p>10. Personal Emergency Response Services (PERS)</p>	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ Lives alone or is alone for large parts of the day, has no regular caregiver for extended periods of time and would otherwise require extensive routine supervision. ▪ No one else in the home who is competent or continuously available to call for help in an emergency. ▪ Must be receiving PERS services in order to get medication monitoring services ▪ Billed based on type of PERS service (i.e., unit installation, medication monitoring, RN/LPN involvement) 	<ul style="list-style-type: none"> ▪ Furnish, install, maintain, monitor and service PERS equipment ▪ Replace or repair PERS device within 24 hours of notification of a malfunction ▪ Provide an emergency response center staffed with trained operators capable of receiving signals for help from the PERS equipment 24 hours a day ▪ Determine whether an emergency exists ▪ Notify an emergency response organization or responder that help is needed 	<p>An agency with the ability to provide PERS equipment, direct services and monitoring, such as:</p> <ul style="list-style-type: none"> ▪ A certified Home Health or Personal Care provider ▪ Durable medical equipment provider ▪ Hospital ▪ PERS manufacturer ▪ Provider agreement with DMAS ▪ Medication monitoring units must be filled by a RN or LPN 	<ul style="list-style-type: none"> ▪ ISAR completed by SC/CM serves as the PFS and accomplishes preauthorization ▪ PERS provider data record: <ul style="list-style-type: none"> - delivery and installation date of the PERS - individual/caregiver signature verifying receipt of the device - verification, by monthly test, that the device is operational - up-to-date responder and contact information - case log documenting system utilization and contacts ▪ PERS provider shall furnish the SC/CM with a report for each emergency signal which results in action being taken on the individual's behalf

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<p>II. Prevocational</p> <ul style="list-style-type: none"> ▪ Center-based (CB) ▪ Non-Center-based (NCB) 	<ul style="list-style-type: none"> ▪ ID Waiver enrollee ▪ For “high intensity,” individual must require/receive <ul style="list-style-type: none"> a) physical assistance with personal care needs, b) additional support due to extensive disability-related difficulties, or c) supports to reduce or eliminate behaviors that preclude full participation ▪ Only available if services cannot be funded by the Dept of Aging and Rehabilitative Services (DARS) or IDEA ▪ Only available for those whose compensation is less than 50% of minimum wage ▪ Billed in ‘blocks’ of time: <ul style="list-style-type: none"> 1 block = 1– 3:59 hrs 2 blocks = 4–6:59 hrs 3 blocks = 7 – 7+ hrs ▪ May include up to 25% of total time for staff assistance with transportation to/ from services. ▪ Maximum blocks per PC ISP year = 780 (includes in combination with Day Support and/or group Supported Employment) 	<ul style="list-style-type: none"> ▪ Skill-building and support to prepare for paid employment ▪ Skill-building and support in activities directed at habilitative goals (attention span, motor skills, etc.) ▪ Skill-building and support in accepting supervision, attendance, task completion, problem solving, assignment completion and safety ▪ Support with personal care ▪ Supervision to ensure health and safety ▪ Staff coverage for transportation 	<ul style="list-style-type: none"> ▪ Licensed by DBHDS as a provider of Day Support services ▪ Vendor of extended employment services, long-term employment support services, or supported employment services for DARS ▪ Providers must pass an objective test of knowledge, skills and abilities (KSAs) approved by DBHDS (e.g., “Orientation Manual for Direct Support Professionals (DSPs)” ▪ Provider agreement with DMAS 	<ul style="list-style-type: none"> ▪ Current SIS (long report) ▪ Plan for Supports completed annually ▪ ISAR to accomplish preauthorization ▪ If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). ▪ Dates & times of prevocational services (Skill-building, Supports and Safety Supports) to include progress notes, checklists, charts, task analyses, etc. ▪ Attendance log which indicates date, type of services rendered and number of hours/units provided ▪ Documentation of CB or NCB, lack of DARS/IDEA funding, and transportation, if billed ▪ Quarterly reviews

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<p>12. <i>Residential</i></p> <ul style="list-style-type: none"> ▪ <i>Congregate (CRS)</i> ▪ <i>In-home (IH)</i> 	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ CRS not allowed when receiving Personal Assistance ▪ CRS may be reimbursed based on Average Daily Amount (ADA). Whenever any Plan for Supports (PFS) activity is provided during a day, the entire ADA may be billed ▪ IH reimbursed on hourly basis for time staff works directly with the individual. 	<ul style="list-style-type: none"> ▪ Skill-building in personal care activities and ADLs (restroom use, bathing, dressing eating shopping, etc.) ▪ Skill-building in use of community resources (transportation, shopping, recreation) ▪ Skill-building in adapting behavior for home and community environments (developing circles of friends, redirecting anger) ▪ Monitoring health and physical condition; ▪ Support with medication ▪ Safety Supports to ensure health and safety ▪ Support with personal care, ADLs, use of community resources and transportation 	<p>For Adults:</p> <ul style="list-style-type: none"> ▪ Licensed by DBHDS as Group Home Res., Supportive In-home Res. or Sponsored Residential services ▪ Approved by DSS as Adult Foster Care provider <p>For Children:</p> <ul style="list-style-type: none"> ▪ Licensed by DBHDS as Supportive In-home Residential or Children’s Residential Facility ▪ Providers must pass an objective test of knowledge, skills and abilities (KSAs) approved by DBHDS (e.g., “Orientation Manual for Direct Support Professionals (DSPs)” ▪ Provider agreement with DMAS 	<ul style="list-style-type: none"> ▪ Current SIS (long report) ▪ Plan for Supports completed annually ▪ ISAR to accomplish preauthorization ▪ If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). ▪ Dates & times of residential services (Skill-building, Supports and Safety Supports) to include progress notes, checklists, charts, task analyses, etc. ▪ Documentation of provision of Periodic Support Hours when used ▪ Quarterly reviews
<p>13. <i>Respite Agency-Directed</i></p>	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ Allowed only for those with an unpaid, primary caregiver ▪ No more than 2 unrelated persons in same home may 	<ul style="list-style-type: none"> ▪ Support with ADLs (restroom use, bathing, dressing, transferring, etc.) ▪ Support with the monitoring health status and physical condition 	<ul style="list-style-type: none"> ▪ Personal Care/ Respite Care provider that has a participation agreement with DMAS ▪ Licensed by DBHDS as Residential, Supportive In- 	<ul style="list-style-type: none"> ▪ Current SIS (long report) ▪ Plan for Supports (PFS) completed annually ▪ ISAR to accomplish preauthorization

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	<p>share assistant's hours.</p> <ul style="list-style-type: none"> ▪ Billed hourly ▪ Limited to 480 hrs/fiscal yr (July – June); AD only or AD + CD Respite 	<ul style="list-style-type: none"> ▪ Support with medication and other medical needs ▪ Support with meal preparation and eating ▪ Support with housekeeping activities ▪ General supports to assure safety ▪ Support with social, recreation and community activities ▪ Accompanying to appointments/meetings 	<p>home Residential, Center-based Respite, In-Home Respite, Out-of-Home Respite services</p> <ul style="list-style-type: none"> ▪ Approved by DSS as Adult Foster Care provider or Foster Care Home for Children ▪ Provider agreement with DMAS ▪ Assistants cannot be individual's spouse or parent if individual is minor child 	<ul style="list-style-type: none"> ▪ If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). ▪ Dates & times of respite services (supports, general supports) to include progress notes, checklists, charts, etc.
<p>14. <i>Respite (Consumer-Directed)</i></p>	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ Allowed only for those with an unpaid, primary caregiver ▪ Family member/caregiver must serve as employer for individuals under 18 yrs. or unable to act as employer ▪ Individual must have a back-up plan ▪ No more than 2 unrelated persons in same home may share assistant's hours. ▪ Billed hourly ▪ Effective July 1, 2011, 	<ul style="list-style-type: none"> ▪ Support with ADLs ▪ Support with monitoring health status & physical condition ▪ Support with self-administration of medication ▪ Support with meals ▪ Support with housekeeping activities ▪ General supports to assure safety ▪ Support for individual to participate in social activities ▪ Support with special care delivery tasks ▪ Attending training at 	<ul style="list-style-type: none"> ▪ Respite assistants must: <ul style="list-style-type: none"> - be 18 years or older have the skills to perform Respite services in the PFS - possess basic math, reading and writing skills - have a valid SSN - submit to a criminal records check - be willing to attend training at the individual's request - comply with DMAS ID Waiver rules - receive annual TB 	<ul style="list-style-type: none"> ▪ Documentation of dates and times of service delivery on time sheets sent to Fiscal Agent ▪ Option for documentation: Consumer Directed Attendant Documentation Form (available in the CD Waiver Services Employment Handbook on the DMAS website).

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	limited to 480 hrs/fiscal year (July – June); AD only or AD + CD Respite	individual’s request <ul style="list-style-type: none"> ▪ Accompanying individual to appointments or meetings 	screening <ul style="list-style-type: none"> ▪ Respite assistants do not need a participation agreement with DMAS ▪ Assistants cannot be individual’s spouse or parent if individual is minor child 	
15. Skilled Nursing <ul style="list-style-type: none"> ▪ RN ▪ LPN 	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ For individuals with serious medical conditions and complex health care needs ▪ Services must be ordered by a physician ▪ Available only when individual does not meet home health criteria ▪ Must be medically necessary to prevent or delay institutionalization 	<ul style="list-style-type: none"> ▪ Monitoring of an individual’s medical status ▪ Administering medications and other medical treatment ▪ Training, consultation or nurse delegation and on-going oversight as appropriate with family members, staff and other persons responsible for carrying out an individual’s Plan for Supports 	<ul style="list-style-type: none"> ▪ DMAS-enrolled Home Care organization or Home Health provider ▪ RN or LPN, under the supervision of a registered nurse, licensed by VA and contracted or employed by DBHDS licensed Respite, Day Support or Residential Support providers ▪ Provider agreement with DMAS ▪ Nurse cannot be individual’s spouse or parent if individual is minor child 	<ul style="list-style-type: none"> ▪ Current SIS (long report) ▪ Plan for Supports (PFS) completed annually ▪ ISAR to accomplish preauthorization ▪ If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). ▪ Annual (and as changes needed) documentation of medical necessity by a physician ▪ Dates, times, amount and type of nursing services or training delivered ▪ Quarterly reviews

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<p>16. <i>Supported Employment</i></p> <ul style="list-style-type: none"> ▪ Group model ▪ Individual model 	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ Only available if services cannot be funded by DARS (Rehabilitation Act) or by the school system (Individuals with Disabilities Education Act [IDEA]) <ul style="list-style-type: none"> ▪ Individual model billing is Provider specific and negotiated directly with DARS. ▪ Indiv. SE limited to 40 hrs/wk. ▪ Group model billed in ‘blocks’ of time: 1 block = 1– 3:59 hrs 2 blocks = 4–6:59 hrs 3 blocks = 7 – 7+ hrs ▪ May include up to 25% of total time for staff assistance with transportation to/from services. ▪ Maximum blocks per PC ISP year = 780 (includes in combination with Day Support and/or Prevocational ▪ May include up to 25% of total time for staff assistance with transportation to/from services 	<ul style="list-style-type: none"> ▪ Individualized assessment and development of employment related goals and objectives ▪ Individualized job development ▪ On-the job training in work and work-related skills ▪ Ongoing evaluation, supervision, and monitoring of job performance ▪ Ongoing support services necessary to assure job retention ▪ Training in job-related skills (effective use of community resources, break/lunch areas and transportation methods, etc.) ▪ Staff coverage for transportation between individual’s home and workplace 	<ul style="list-style-type: none"> ▪ A vendor of supported employment services with DARS ▪ Provider agreement with DMAS 	<ul style="list-style-type: none"> ▪ Current SIS (long report) ▪ Plan for Supports (PFS) completed annually <ul style="list-style-type: none"> ▪ ISAR to accomplish preauthorization ▪ If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). ▪ Dates & times of supported employment services (Skill-building, Supports and Safety Supports) to include progress notes, checklists, charts, task analyses, etc. ▪ Documentation of lack of DARS/IDEA funding, and transportation, if billed ▪ Quarterly reviews

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<p><i>Targeted Case Management (TCM) (available to individuals receiving Waiver services)</i></p>	<ul style="list-style-type: none"> ▪ Individual eligible for Medicaid ▪ Requires “active case management:” a minimum of one face-to-face contact every 90 days and typically a monthly activity. ▪ ID TCM may not duplicate any other Medicaid or ID Waiver service ▪ 90 day screening services permitted to determine if individual qualifies for TCM ▪ 30 day pre-discharge services permitted for eligible individual exiting hospital, ICF-MR or nursing facility (no more than 2 times in a 12 month period) ▪ Billing – per month rate ▪ Billing permitted for months with one or more documented allowable activity relevant to the PC ISP 	<ul style="list-style-type: none"> ▪ Coordinate assessments; plan services and supports; develop a PC ISP. ▪ Coordinate services with other providers ▪ Link services/supports per the PC ISP ▪ Assist in locating, developing or obtaining needed services and resources ▪ Enhance community integration through community access and involvement ▪ Make collateral contacts to promote implementation of the PC ISP ▪ Monitor PC ISP implementation through contacts with providers, site visits and home visits ▪ Instruct and counsel to promote problem solving, decision making and a supportive relationship that enables PC ISP implementation ▪ Monitor the quality of services 	<ul style="list-style-type: none"> ▪ CSB/BHA may operated directly or contract with private provider ▪ Must operate a 24-hour emergency services system and guarantee individuals access ▪ Provider agreement with DMAS ▪ Individual SC’s must possess KSAs 	<p>TCM, without Waiver</p> <ul style="list-style-type: none"> ▪ PC ISP = Parts I- Essential Information; Part II - Personal Profile; Part V – SC/CM Plan for Supports (PFS) ▪ Support Log, including a face-to-face contact every 90 days and typically a monthly activity. ▪ PC Reviews, completed at least every 90 days. ▪ Appeal rights letters, as needed <p>TCM + WAIVER</p> <ul style="list-style-type: none"> ▪ All of the above, plus the following: ▪ PC ISP = Part III- Shared Planning; Part IV – Agreements; Part V – Plan(s) for Supports ▪ Level of Functioning Survey (LOF), medical, psychological, SIS completion at least every 3 years (by CSB determined schedule)

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				<ul style="list-style-type: none"> ▪ Consent to exchange information (for provider and other contacts as needed), Individual Choice, Provider Choice, Plan of Care Summary, ID Waiver Level of Care Elig., and DMAS-225 forms ▪ Documentation of monthly onsite visits to ID Waiver individuals residing in an assisted living facility (ALF) or adult foster care (AFC). ▪ Documentation related to the recommended quarterly home visits in Sponsored Residential homes.
<p><i>17. Therapeutic Consultation</i></p> <ul style="list-style-type: none"> ▪ Psychology ▪ Behavior ▪ Speech and 	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ Must be receiving at least one other IDW service (Behavior Consultation is the Consultation service exception) ▪ May not include direct 	<ul style="list-style-type: none"> ▪ Interviewing to identify issues to be addressed ▪ Observing activities in natural environments ▪ Assessing the need for an assistive device or modification/adjustment in the environment or services 	<ul style="list-style-type: none"> ▪ Provider agreement with DMAS ▪ Psychology: VA licensed Psychologist, VA licensed LPC, VA licensed LCSW, VA licensed Psychiatric Clinical Nurse Specialist 	<ul style="list-style-type: none"> ▪ Plan for Supports (PFS) completed annually detailing interventions and strategies for staff, family, caregivers to better support the individual ▪ Ongoing

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<p>Language Pathology (SLP)</p> <ul style="list-style-type: none"> ▪ Occupational Therapy (OT) ▪ Physical Therapy (PT) ▪ Therapeutic Recreation ▪ Rehabilitation Engineering 	<p>therapy nor duplicate activities of services available through the <i>State Plan</i></p> <ul style="list-style-type: none"> ▪ Travel time, written preparation and telephone communication are not billable ▪ May not be billed solely for purposes of monitoring ▪ Unit of service is one hour. 	<ul style="list-style-type: none"> ▪ Developing data collection mechanisms and collecting baseline data ▪ Observing and assessing current interventions, support strategies or devices ▪ Designing a Support Plan to address identified issues and desired outcomes ▪ Demonstrating interventions, supports or devices ▪ Training family/caregiver/staff ▪ Reviewing documentation and evaluating efficacy of Support Plan 	<ul style="list-style-type: none"> ▪ Behavior: PBS endorsement; BCAABA or BCABA certification ▪ Speech: VA licensed Speech-Lang. Pathologist ▪ OT: VA certified Occupational Therapist ▪ PT: VA licensed Physical Therapist ▪ Therapeutic Rec: Nat'l Council for Therapeutic Rec. certified Therapeutic Rec. Specialist ▪ Rehab. Engineer 	<p>documentation in the form of:</p> <ul style="list-style-type: none"> - contact-by-contact notes OR - monthly notes ▪ ISAR to accomplish preauthorization ▪ If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). ▪ Quarterly reviews ▪ Final Disposition Summary to the SC/CM within 30 days of service end
<p>18. <i>Transition Services</i></p>	<ul style="list-style-type: none"> ▪ ID Waiver individual moving into a qualified residence ▪ Being discharged from an ICF-IID/NH/Long-stay Hospital, receiving a Money Follows the Person (MFP) slot OR leaving a congregate setting for a private residence. ▪ \$5000 per person life-time ▪ Available 2 mos. prior to discharge and up to 9 mos. from the date the services are 	<ul style="list-style-type: none"> ▪ Purchase of services or essential goods to enable an individual to transition into a family member's home, one's own apt., adult foster home, or sponsored residential home. ▪ Excludes certain items: environmental modifications, specialized equipment, rent, food, medications, homemaker services, on-going utility costs 	<ul style="list-style-type: none"> ▪ CSB enrolled Transition Services provider via Public Partnerships, LLC (PPL) 	<ul style="list-style-type: none"> ▪ Prior approval by SC ▪ Preauthorization by ODS PA Consultant ▪ CSB reimbursed for approved purchases on ISAR ▪ Electronic submission to PPL for payment ▪ Documentation of need on the PC ISP ▪ Documentation of

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	<p>authorized.</p> <ul style="list-style-type: none"> ▪ Must be requested at the time of entry to the waiver (or upon discharge from the institution) or within 30 days of discharge. 			<p>individual's choice of services or goods to be purchased and vendor, if applicable</p> <ul style="list-style-type: none"> ▪ Documentation of the date services are rendered and the amount of services and supplies ▪ Documentation of notification of satisfactory completion of the service or purchase ▪ Instruction re: warranty, repairs, complaints, and servicing or purchase ▪ Receipts for purchased goods/items to document payment